

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

CHILD CARE VERIFICATION

CASE NO.

Court address

Court telephone no.

PARENT INFORMATION

Complete the top portion of this form and have your child care provider complete the remainder.

It is your responsibility to return the completed form to the Friend of the Court.

Name

Name(s) and age(s) of child(ren) involved in this case

Are you receiving financial assistance for child care from any Federal or State agency: ☐ Yes ☐ No
If yes, please state the agency and the amount your are receiving.

CHILD CARE PROVIDER INFORMATION

Please attach a schedule of your most recent child care rates.

The Child Care Provider must complete the remainder of this form for the above named child(ren).

Name of provider

Address

City State Zip County Area Code and
Telephone no.

Name and Age of Child School Year Rates Avg. No. of Hours/Week Hourly Rate Total Weekly Rate

Name and Age of Child Summer Season Rates Avg. No. of Hours/Week Hourly Rate Total Weekly Rate

Do you require payment for services even when children are absent to guarantee a position in your center? ☐ Yes ☐ No
If yes, please explain:Does a Federal or State agency contribute all or a portion of these child care services? ☐ Yes ☐ No
If yes, please provide agency name and amount contributed.

The above information is provided to enable the Friend of the Court to accurately report child care costs in making a child support recommendation. I certify that the above information is true, accurate, and complete.

Date

Signature and title of provider